Attachment E: Service Definitions

Note: The service definitions for community support for adults and children have been revised effective January 1, 2009. Other service definitions are currently undergoing revision; utilization review statements were updated June 11, 2009. Please check the DMA policy index page (http://www.ncdhhs.gov/dma/mp/) frequently to see updates as they become available.

Community Support—Adults (MH/SA): Medicaid Billable Service

Service Definition and Required Components

Community Support consists of mental health and substance abuse rehabilitation services and interventions necessary for the recipient to achieve rehabilitative, sobriety, and recovery goals. This medically necessary service directly addresses the recipient's diagnostic and clinical needs. These diagnostic and clinical needs are evidenced by the presence of a diagnosable mental illness, substance related disorder (as defined by the DSM-IV-TR and its successors), or both, with symptoms and effects documented in a comprehensive clinical assessment and the Person Centered Plan.

Community Support services, are community-based, rehabilitative in nature, and intended to meet the mental health or substance abuse needs of adults who have significant identified symptoms that seriously interfere with or impede their roles or functioning in family, school, employment, or community.

The services are designed to

- Enhance skills to address the complex mental health symptoms, and/or substance abuse symptoms of adults who have significant functional deficits in order to promote symptom reduction;
- Assist recipients in acquiring mental health and/or substance abuse recovery skills necessary for self management and to address successfully vocational, housing, and educational needs.
- Link recipients to, and coordinate, necessary services to promote clinical stability and to meet an individual's mental health/substance abuse treatment, social, and other treatment support needs;
- Monitor and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan.

The rehabilitative service activities of Community Support consist of a variety of interventions that must directly relate to the recipient's diagnostic and clinical needs as reflected in a comprehensive clinical assessment and goals outlined in the Person Centered Plan.

These shall include the following, as clinically indicated:

- Identification of strengths that will aid the individual in his or her recovery, as well as the identification of barriers that impede the development of skills necessary for independent functioning in the community.
- Individual (1:1) interventions with the recipient, unless a group intervention is deemed more efficacious.
- Therapeutic interventions that directly increase the acquisition of skills needed to accomplish the goals of the Person Centered Plan.

- Monitoring and evaluating the effectiveness of interventions as evidenced by symptom reduction and progress toward goals identified in the Person Centered Plan.
- Psychoeducation regarding the identification and self-management of prescribed medication regimen, with documented communication to prescribing practitioner(s).
- Identification and self-management of symptoms.
- Identification and self-management of triggers and cues (early warning signs).
- Direct preventive and therapeutic interventions associated with the MH/SA diagnosis that will assist with skill building related to goals in the Person Centered Plan.
- Direct interventions in escalating situations to prevent crisis (including identifying cues and triggers).
- Assistance for the recipient and natural supports in implementing preventive and therapeutic interventions outlined in the Person Centered Plan (including the crisis plan).
- Response to crisis 24/7/365 as indicated in the recipient's crisis plan and participation in debriefing activities to revise the crisis plan as needed.
- Relapse prevention and disease management strategies.
- Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs identified in the Person Centered Plan.
- Coordination and oversight of initial and ongoing assessment activities.
- Ensuring linkage to the most clinically appropriate and effective services.
- Facilitation of the Person Centered Planning process which includes the active involvement of the recipient and people identified as important in the recipient's life (e.g., family, friends, and providers).
- Initial development and ongoing revision of Person Centered Plan.
- Monitoring the implementation of the Person Centered Plan, including involvement of other medical and non-medical providers, the consumer, and natural and community supports.
- Effective coordination of clinical services, natural and community supports for the recipient and his or her family.

The Qualified Professional drives the delivery of this rehabilitation service. In partnership with the recipient, the Community Support Qualified Professional has ongoing clinical responsibility for initiating, developing, implementing, and revising the Person Centered Plan.

The Community Support Qualified Professional provides coordination of movement across levels of care by interacting directly with the person and his or her family and by coordinating discharge planning and community re-entry following hospitalization, residential services, and other levels of care. The Community Support Qualified Professional provides and oversees services to arrange, link, monitor, and/or integrate multiple services as well as assessment and reassessment (e.g., changes in life domains) of the recipient's need for services.

The Community Support Qualified Professional must consult with the recipient, natural supports and identified providers, include their input in the Person Centered Planning process, inform all involved stakeholders, and monitor the status of the recipient in relationship to the treatment goals. Community Support staff also inform the recipient about benefits, community resources, and services; and assist the recipient in accessing benefits and services. The organization assumes the roles of advocate, broker, coordinator, and monitor of the service delivery system on behalf of the recipient.

For Medicaid-funded Community Support services, a signed service order that is part of the Person Centered Plan is required. This must be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice, along with other documentation requirements outlined in this policy (DMA Clinical Coverage Policy 8A, *Enhanced Mental Health and Substance Abuse Services*). The service order must be based on an individualized assessment of the recipient's needs. For State-funded services, it is recommended that a service order be completed within the first visit.

Provider Agency and Service Requirements

The service must be ordered by a physician, licensed psychologist, physician assistant or nurse practitioner in accordance with the Person-Centered Planning Instruction Manual. The providers of this service will also serve as a "first responder" in a crisis situation. The service will be provided by an endorsed community support agency. The endorsement process includes Community Support service specific checklist, and adherence to the following:

- Rules for MH/DD/SA Facilities and Services;
- Confidentiality Rules;
- Client Rights Rules in Community MH/DD/SA Services;
- Records Management and Documentation Manual for Providers of Publicly Funded Services and LMEs;
- Implementation Updates to rules, revisions and policy guidance; and
- North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual.

Community Support services must be delivered by practitioners employed by mental health or substance abuse provider organizations that

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS);
- fulfill the requirements of 10A NCAC 27G; and
- employ at least one full-time licensed professional.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of enrollment with Medicaid as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. (Providers who were enrolled prior to July 1, 2008, must have achieved national accreditation within three years of their enrollment date.) The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-

funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The Community Support provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.

The agency must have a full time licensed clinical professional on staff. The community based service is provided by qualified professionals, paraprofessionals and associate professionals as defined on Attachment 3.1-A.1, Pages 15a.2d through 15a.2f of the Community Support State Plan Amendment.

The service must be ordered by a physician, licensed psychologists, physician's assistant or nurse practitioner. The providers of this service will also serve as a "first responder" in a crisis situation.

All Associate Professionals and Paraprofessionals providing Community Support must be supervised by a Qualified Professional. Supervision* must be provided according to North Carolina's supervision requirements and according to licensure or certification requirements of the appropriate discipline. These staff must also demonstrate compliance to the identified staff competencies in the areas of participating empowerment, communication, clinical knowledge, community and service networking, implementation of person centered services, advocacy, crisis prevention and intervention and documentation. Non–Post-Graduate degreed Qualified Professionals must be supervised by a Master's Level Qualified Professional, preferably Licensed.

*Supervision of Community Support is covered as an indirect cost and therefore should not be billed separately as Community Support.

The Qualified Professional has sole responsibility for

- Facilitation of the Person Centered Planning process for rehabilitative services which includes the active involvement of the recipient and others identified as important in the recipient's life (e.g., family, friends, providers);
- Initial development, implementation, and ongoing revision of Person Centered Plan for rehabilitative services;
- Monitoring and evaluating the effectiveness of interventions as evidenced by symptom reduction and progress toward goals identified in the Person Centered Plan for rehabilitative services. The non-licensed Qualified Professional must seek clinical input as needed in monitoring and assessing the effectiveness of the PCP.;
- Coordination and oversight of initial and ongoing assessment activities;
- Ensuring linkage to the most clinically appropriate and effective rehabilitative services.

The Qualified Professional may also perform the activities, functions, and interventions of the Community Support service definition included in the chart below. The Qualified Professional or Licensed Professional must deliver a minimum of 25% of Community Support services. Effective March 2, 2009, a minimum of 35% of Community Support services must be delivered by Qualified Professionals or Licensed Professionals. Effective September 2, 2009, a minimum of 50% of Community Support services must be delivered by Qualified Professionals or Licensed Professionals.

The following chart sets forth the additional activities included in this service definition. These activities reflect the appropriate scope of practice for the Community Support staff identified below.

Community Support Services	
Professional Services	Skill Based Interventions
May only be provided by the Qualified Professional. Unlicensed Qualified Professionals must not provide therapeutic interventions that would require a license; however, the therapeutic interventions outlined below do not require a licensed professional.	May be provided by the Qualified Professional, the Associate Professional (under the supervision, direction, and oversight of the Qualified Professional or Licensed Professional), or the Paraprofessional (under the supervision, direction, and oversight of the Qualified Professional or Licensed Professional)
• Therapeutic interventions that directly increase the acquisition of skills needed to accomplish the goals of the Person Centered Plan • Psychoeducation regarding the identification and self-management of prescribed medication regimen, with documented communication to prescribing practitioner(s) • Direct preventive and therapeutic interventions that will assist with skill building related to goals in the Person Centered Plan • Direct interventions in escalating situations to prevent crisis (including identifying cues and triggers) • Assistance for the recipient and natural supports in implementing preventive and therapeutic interventions outlined in the Person Centered Plan (including the crisis plan) • Response to crisis 24/7/365 as indicated in the recipient's crisis plan and participation in debriefing activities to revise the crisis plan as needed • Relapse prevention and disease management strategies • Psychoeducation of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs identified in the Person Centered Plan • Ongoing assessment activities (observation and ongoing activities to address progress or lack thereof) of this service • Initial development and ongoing revision of Person Centered Plan. *(continues)*	• Provision of skill-building interventions to rehabilitate skills negatively affected by their mental health and/or substance abuse diagnosis o Functional skills o Socialization, relational, and coping skills o Self-management of symptoms o Behavior and anger management skills • Implementation of preventive and therapeutic interventions that will facilitate skill building • Identification and self-management of symptoms • Identification and self-management of triggers and cues (early warning signs) Input into the Person Centered Plan modifications

Community Support Services	
Professional Services	Skill Based Interventions
• Assessing and documenting the status of the recipient's progress and the effectiveness of the strategies and interventions of this service as outlined in the Person Centered Plan. • Supportive counseling to address the diagnostic and clinical needs of the recipient • Supervision by the Qualified Professional of Community Support activities provided by Associate and Paraprofessional staff. • The Qualified Professional is responsible for the all the activities and interventions of this service.	

Family members or legally responsible persons of the recipient may not provide these services for reimbursement.

Provider (Staff) Qualifications

All staff that provides services must have a minimum of 20 hours of training specific to the requirements of the service definition within the first 90 days of employment.

- 6 hours service definition specific training
- 3 hours crisis response training
- 6 hours Person Centered Thinking training
- QP staff responsible for Person Centered Plan (PCP) development—3 hours PCP Instructional Elements training
- 2–5 hours in other topics related to service and populations being served.

Training required for other purposes, such as Alternatives to Restrictive Intervention, client rights and confidentiality, and infectious diseases and bloodborne pathogens, may not be counted to achieve any of the 2–5 hours of additional training needed (for example, as found in 10A NCAC 27E .0107 and 10A NCAC 27G. 0202).

Persons who meet the requirements specified (10A NCAC 27G .0104) for Qualified Professional (QP) Associate Professional (AP), or Paraprofessional status, and who have the knowledge, skills, and abilities required by the population and age to be served, may deliver Community Support. Qualified Professionals shall develop and coordinate the Person Centered Plan. Associate Professionals and Paraprofessionals may deliver Community Support services to directly address the recipient's diagnostic and clinical needs under the direction of a Qualified Professional.

All Associate Professionals and Paraprofessionals providing Community Support must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure or certification requirements of the appropriate discipline. Non–Post-Graduate degreed Qualified Professionals must be supervised by a Master's Level Qualified Professional, preferably Licensed.

Associate Professional (AP) within the mental health, developmental disabilities and substance abuse services (MH/DD/SAS) system of care means an individual who is a

(a) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or

(b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or

(c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or

(d) Registered Nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in MH/DD/SAS with the population served. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

Paraprofessional (PP) within the MH/DD/SAS system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a MH/DD/SAS service. Supervision shall be provided by a qualified professional or associate professional with the population served. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

Qualified Professional (QP) means, within the MH/DD/SAS system of care:

(a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SAS with the population served.

The Licensed Qualified Professional will be a Licensed Professional (LP) holding a valid license issued by the governing board regulating a human service profession in the State of North Carolina. Individuals licensed as a Clinical Addiction Specialist, Clinical Social Worker, Marriage and Family Therapist, Professional Counselor, Psychiatrist, or Psychologist. The specific requirements for each of the above licensed professionals are listed below.

- Licensed Clinical Addiction Specialist means an individual who is licensed as such by the North Carolina Substance Abuse Professional Practice Board.
- Licensed Clinical Social Worker means a social worker who is licensed as such by the N.C. Social Work Certification and Licensure Board.
- Licensed marriage and family therapist means an individual who is licensed as such by the North Carolina Marriage and Family Licensing Board.
- Licensed Professional Counselor (LPC) means a counselor who is licensed as such by the North Carolina Board of Licensed Professional Counselors.
- Psychiatrist means an individual who is licensed to practice medicine in the State of North Carolina and who has completed a training program in psychiatry accredited by the Accreditation Council for Graduate Medical Education.
- Psychologist means an individual who is licensed to practice psychology in the State of North Carolina as either a licensed psychologist or a licensed psychological associate, or

If not licensed, the QP will be:

(b) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

Degrees in a human service field, include but are not limited to, the following degrees: psychology, social work, mental health counseling, rehabilitation counseling, addictions, psychiatric nursing, special education and therapeutic recreation.

Service Type/Setting

Community Support is a direct and indirect periodic rehabilitative service in which the Community Support staff member provides medically necessary services and interventions that address the diagnostic and clinical needs of the recipient and also arranges, coordinates, and monitors services on behalf of the recipient. Community Support services may be provided to an individual or a group of individuals.

Community Support providers must deliver services in various environments, such as homes, schools, courts, jails (for State funds only*), homeless shelters, street locations, and other community settings.

This service includes providing "first responder" crisis response on a 24/7/365 basis to recipients experiencing a crisis.

Community Support also includes telephone time with the individual recipient and collateral contact with persons who assist the recipient in meeting his or her rehabilitation goals. Community Support includes participation and ongoing clinical involvement in activities and meetings for the planning, development, and revision of the recipient's Person Centered Plan.

***Note:** For all services, federal Medicaid regulations will deny Medicaid payment for services delivered to inmates of public correctional institutions or to patients in facilities that have more than 16 beds and that are classified as Institutions of Mental Diseases.

Program Requirements

Caseload size for one full-time equivalent Community Support Qualified Professional may not exceed 1 Qualified Professional to 30 recipients. (Note: in computing caseload ratios, two recipients, each of whom receives fewer than 4 hours of service per week, may be counted as one recipient). When Community Support services are provided in a group, groups may not exceed 8 individuals.

For each endorsed provider site and for each authorization period (90 days or less, depending on authorization), a minimum of 25% of the total aggregate billable Community Support services must be provided by the Qualified Professional or Licensed Professional. Effective March 2, 2009, a minimum of 35% of Community Support services must be delivered by Qualified Professionals or Licensed Professionals. Effective September 2, 2009, a minimum of 50% of Community Support services must be delivered by Qualified Professionals or Licensed Professionals. This is to ensure that medically appropriate clinical interventions are provided based on implementation/revision of the required Person Centered Plan.

Program services are primarily delivered face-to-face with the recipient and in locations outside the agency's facility. The aggregate services that have been delivered by the endorsed provider site will be assessed and documented annually by each endorsed provider site using the following quality assurance benchmarks:

- All individuals receiving Community Support must receive a minimum of two contacts per month, with one contact occurring face-to-face with the recipient;
- a minimum of 60% of Community Support services that are delivered must be performed face-to-face with recipients; and
- a minimum of 60% of staff time must be spent working outside of the agency's facility, with or on behalf of the recipients.

Eligibility Criteria

The recipient is eligible for this service when

A. Significant impairment is documented in at least two of the life domains related to the recipient's diagnosis that impedes the use of the skills necessary for independent functioning in the community. These life domains are as follows: emotional, social, safety, housing, medical/health, and legal.

AND

B. There is an Axis I or II MH/SA diagnosis as defined by the DSM-IV-TR or its successors, other than a sole diagnosis of Developmental Disability.

AND

C. For recipients with a substance abuse diagnosis, American Society for Addiction Medicine (ASAM) criteria is met.

AND

D. The recipient is experiencing functional impairments in at least two of the following criteria as evidenced by documentation of symptoms:
   1. is at risk for institutionalization, hospitalization, or is placed outside the natural living environment;
   2. is receiving or needs crisis intervention services;
   3. has unmet identified needs, related to the MH/SA diagnosis, for services from multiple agencies related to the life domains and needs advocacy and service coordination;
   4. is abused or neglected as substantiated by DSS, or has established dependency as defined by DSS criteria;
   5. exhibits intense verbal aggression, as well as limited physical aggression, to self or others, due to symptoms associated with the mental health and/or substance abuse diagnosis, that is sufficient to create functional problems in the home, community, school, job, etc. and/or;
   6. is in active recovery from substance abuse or dependency and is in need of continuing relapse prevention support.

AND

E. There is no evidence to support that alternative interventions would be equally or more effective based on North Carolina community practice standards (e.g., American Society for Addiction Medicine, American Psychiatric Association) as available or established utilization review criteria as established by the NC Department of Health and Human Services

Entrance Process

A comprehensive clinical assessment which demonstrates medical necessity must be completed prior to provision of this service.

Relevant diagnostic information must be obtained and included in the Person Centered Plan. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal, state, and DHHS requirements, it may be utilized as a part of the current comprehensive clinical assessment.

For Medicaid, in order to request the initial authorization, the required Person Centered Plan with signatures and the required authorization request form must be submitted to the Medicaid-approved vendor.

For State-funded Community Support services, prior authorization by the Local Management Entity is required. In order to request the initial authorization, a required Person Centered Plan with signatures, the required authorization request form, and the required PCP Consumer Admission Form must be submitted to the Local Management Entity.

Continued Service Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the Community Support service goals in the recipient's Person Centered Plan; or the recipient continues to be at risk for relapse based on current clinical assessment, history, and the tenuous nature of the functional gains or continues to meet the utilization criteria established by the NC Department of Health and Human Services;

AND

One of the following applies:

1. Recipient has achieved current Community Support service goals in the Person Centered Plan and additional goals are indicated as evidenced by documented symptoms.
2. Recipient is making satisfactory progress toward meeting Community Support goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the Person Centered Plan.
3. Recipient is making some progress, but the Community Support interventions in the Person Centered Plan need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
4. Recipient fails to make progress and/or demonstrates regression in meeting the Community Support goals through the strategies outlined in the Person Centered Plan. The recipient's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, with treatment recommendations revised based on findings.

The Person Centered planning process, including treating providers, recipient and family members, determines whether the recipient needs to continue the service and meets continued service criteria during a Person Centered Plan review process, in which the QP participates and provides clinical guidance. The Qualified Professional provides clinical oversight, guidance and monitors this clinical process. Based on the Person Centered planning team's assessment and recommendation, the provider is then required to request continued service authorization through Medicaid's utilization management organization which makes the final determination of medical necessity.

Discharge Criteria

Any one of the following applies to the Community Support service:

A. Recipient's level of functioning has improved with respect to the Community Support goals outlined in the Person Centered Plan, inclusive of a transition plan to step down.
B. Recipient has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of Community Support services.
C. Recipient is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.
D. Recipient or legally responsible person no longer wishes to receive Community Support services.
E. Recipient, based on presentation and failure to show improvement despite modifications in the Person Centered Plan, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (e.g., National Institute of Drug Abuse, American Psychiatric Association).

In addition, a completed LME Consumer Admission and Discharge Form must be submitted to the LME.

Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legally responsible person about their appeal rights in accordance with the Department's recipient notices procedure.

Expected Clinical Outcomes
The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the recipient's Person Centered Plan.

Expected clinical outcomes may include

- Sympton reduction
- Achieve recovery as indicated by
    - Increase coping skills and social skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs
    - Minimize the negative effects of psychiatric symptoms and/or substance dependence that interfere with the recipient's daily living
    - Use natural and social supports
    - Utilize functional skills to live independently
    - Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement

Documentation Requirements
The minimum standard is a daily full service note including crisis response activities written and signed by the person who provided the service that includes

- Recipient's name
- Medicaid identification number
- Service provided (e.g., Community Support – Individual or Group)
- Date of service
- Place of service
- Type of contact (face-to-face, phone call, collateral)
- Purpose of the contact
- Description of the provider's interventions
- Amount of time spent performing the interventions
- Description of the effectiveness of the interventions
- Signature and credentials of the staff member(s) providing the service (for paraprofessionals, position is required in lieu of credentials with staff signature)

The documentation must be in compliance with "Records Management and Documentation Manual for Providers of Publicly Funded MH/DD/SA Services, CAP-MR/DD Services and LMEs."

Utilization Management
Services are based upon a finding of medical necessity, must be directly related to the recipient's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals specified in the individual's Person Centered Plan. Medical necessity is determined by North Carolina community practice standards, criteria established by the NC Department of Health and Human Services and as verified by independent Medicaid utilization management vendor. Prior authorization is required for all community support.

Units are billed in 15-minute increments, with the required modifier designating the level of the staff providing the service.

Community Support services are provided on an individual basis unless a group intervention is determined to be more efficacious. Community Support—Group is defined as providing Community Support services to a group consisting of no more than eight individuals.

Services are based upon a finding of medical necessity, must be directly related to the recipient's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals specified in the individual's Person Centered Plan. Medical necessity is determined by North Carolina community practice standards as verified by independent Medicaid consultants, or the Local Management Entity for State-funded services.

This medically necessary service is authorized in the most cost efficient mode, as long as the treatment that is made available is similarly efficacious to services requested by the recipient's physician, therapist, or other licensed practitioner.

For Medicaid, authorization by the Medicaid-approved vendor is required according to published policy.

For State-funded Community Support services, authorization is required by the Local Management Entity prior to the first visit. The Medicaid-approved vendor or the Local Management Entity will evaluate the request to determine if medical necessity supports more or less intensive services.

Medicaid may cover up to 32 units per week, based on the medical necessity documented in the required Person Centered Plan and supporting documentation. An adult recipient may not receive more than 416 units in any one 90-day period and may not receive more than eight hours of Community Support services per week.

For State-funded services, the Local Management Entity will determine the initial authorization period. The required Person Centered Plan, a request for authorization, and supporting documentation reflecting the appropriate level of care and service must be submitted to the Local Management Entity.

If continued Community Support services are needed at the end of the initial authorization period, the required Person Centered Plan and a new request for authorization reflecting the appropriate level of care and service must be submitted to the Medicaid-approved vendor for Medicaid services, or to the Local Management Entity for State-funded services. This must occur prior to the expiration of the authorization. Failure to request a reauthorization prior to the expiration date will result in a denial of payment and will be considered an initial authorization for purposes of determining eligibility of maintenance of service.

No additional Community Support services may be requested without a required Person Centered Plan and a new request for authorization reflecting the appropriate level of care and service must be submitted to the Medicaid-approved vendor for Medicaid services, or to the Local Management Entity for State-funded services.

Service Exclusions and Limitations

An adult recipient may not receive more than 416 units in any one 90-day period and may not receive more than 8 hours of Community Support services per week.

An individual may receive Community Support services from only one Community Support provider organization at a time.

Community Support services may be provided for individuals residing in adult mental health residential facilities: independent living; supervised living low or moderate; and group living low, moderate, or high. Community Support services may not be provided for individuals residing in a nursing home facility.

Community Support–Individual services may be billed in accordance with the authorization for services during the same authorization period for Psychosocial Rehabilitation services based on medical necessity.

For the purposes of transitioning a recipient to and from a service (e.g., facilitating an admission to a service and/or discharge planning) and ensuring that the service provider works directly with the Community Support Qualified Professional, Community Support–Individual services may be provided by the Qualified Professional and billed for a maximum of 8 units for the first and last 30-day periods for individuals who are authorized to receive one of the following services:

- Assertive Community Team Treatment
- Community Support Team

For the purposes of transitioning a recipient to and from a service (e.g., facilitating an admission to a service and/or discharge planning), providing coordination during the provision of a service, and ensuring that the service provider works directly with the Community Support Qualified Professional, Community Support–Individual services may be provided by the Qualified Professional and billed for a maximum of 8 units for each 30-day period for individuals who are authorized to receive one of the following services:

- Substance Abuse Intensive Outpatient Program
- Substance Abuse Comprehensive Outpatient Treatment

For the purposes of transitioning a recipient to and from a service (e.g., facilitating an admission to a service and/or discharge planning), providing coordination during the provision of a service, and ensuring that the service provider works directly with the Community Support Qualified Professional, Community Support–Individual services may be provided by the Qualified Professional and billed in accordance with the authorization for services during the same authorization period for the following services based on medical necessity:

- All detoxification services
- Opioid treatment
- Professional Treatment Services in Facility-Based Crisis Programs
- Partial Hospitalization
- Substance Abuse Medically Monitored Community Residential Treatment
- Substance Abuse Non-Medically Monitored Community Residential Treatment

There are systems limitations indicated to prevent this service from being provided while an adult is in an inpatient setting or in an Institution for Mental Disease.

Note: For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if

the product, service, or procedure is medically necessary. [See **Subsection 2.2, EPSDT Special Provision,** in this policy (Clinical Coverage Policy 8A, *Enhanced Mental Health and Substance Abuse Services*).]

***Provider of these services is responsible for the Person Centered Plan and all other clinical home responsibilities.**